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SOUTHWICK URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH FOR:-

1955



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AN N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the Year 1955

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PUBLIC HEALTH COMMITTEE

(at 31st December, 1955)

Chairman : Councillor C. V. WHALE

Vice-Chairman : Councillor R. W. LEAN

Chairman of the Council: Councillor J.F. FOWLER, J.P.

Councillor : W. G. FIELD

" A. W. LEWIS, J.P.

" V. L. MILES

" R. D. VOICE

Shoreham-by-Sea,
June, 1956.

Mr. Chairman, Madam and Gentlemen,

I have pleasure in presenting my Report for 1955.

I think it has been a year of good progress in the field of environmental hygiene. Our chief concern has been cleaner air and food. There is a growing realization, brought about by an increase in the number of cases of food poisoning and in the number of deaths from lung cancer, of the necessity for these essentials of healthy living, and although Britain led the world in providing pure water supplies, in clean air and clean food we have lagged behind.

Mental ill-health is undoubtedly on the increase throughout the country. This is largely connected with personal relationships, but two environmental conditions which I feel play a great part are noise and lack of privacy. Both these factors could be avoided or mitigated by good planning. Old peoples' dwellings could be sited away from childrens' playgrounds; more attention could be paid to sound insulation between semi-detached houses, and especially flats. Money spent on providing solid fences between houses, particularly between adjacent rooms would, I think, be money well-spent. Only too often, Council tenants look straight into one anothers' living-rooms, with only a chain-link fence between the two windows.

The overall position with regard to housing is easier than a year ago, but welfare problems created by the wandering homeless seem to be increasing. These wanderers are families which move from district to district in a series of lodgings, never staying long enough in one area to qualify for a Council house.

I wish to thank the Chairman and Members of the Committee for their support during the year, and especially I should like to thank Mr. Eardley and the staff of the Public Health Department for their co-operation.

I am, Mr. Chairman, Madam and Gentlemen,

Your obedient Servant,

T. H. HARRISON,

Medical Officer of Health.

To: The Chairman & Members
of the Public Health Committee.

PUBLIC HEALTH DEPARTMENT STAFF

Medical Officer of Health:

T.H.HARRISON, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.,
part-time with other districts in the County.
Also Port M.O. to the New Shoreham Port Health
Authority, Assistant County Medical Officer, and
School M.O. to the West Sussex County Council.

Sanitary Inspector:

T.A.EARDLEY, M.S.I.A., Certificate of the Royal
Society of Health and Sanitary Inspectors'
Examination Joint Board.
Certificate of the Royal Society of Health for
the Inspection of Meat and Other Foods.

Duties: General duties of sanitary inspectors
as laid down in the Sanitary Officers' Order
including inspection of meat and other foods.

Chief Clerk:

F. S. MORLEY.

Clerk to the Medical Officer of Health:

Miss S. M. MULLINS.

Rodent Operator: (part-time)

B. R. ROBERTS.

Section I

STATISTICS AND SOCIAL CONDITIONS

Southwick is a small urban area on the south coast, situated four miles west of Brighton.

The eastern arm of Shoreham Harbour, known locally as "The Canal", forms the southern boundary of the district. On the strip of land south of the Canal are situated the Electricity Works of the British Electricity Authority and the Works of the South-Eastern Gas Board. The sheltered water of the Canal is used as a harbour by private yachts.

The chief industries in the town are electricity production, dyeing, sheet metal work and lingerie manufacturing.

GENERAL STATISTICS

Area in Acres	...	...	...	1,103
Registrar General's estimate of resident Population (mid-year 1955)	...	...	...	11,100
Population (Census, 1951)	...	...	...	10,718
Rateable Value	...	...	...	£105,144
Sum represented by a penny rate	...	...	...	£422
Number of inhabited houses at the end of 1955 according to Rate Book	...	...	...	3,914

VITAL STATISTICS

	Total	M	F
Live Births - Legitimate	141	71	70
do. Illegitimate	<u>4</u>	<u>2</u>	<u>2</u>
	<u>145</u>	<u>73</u>	<u>72</u>
Birth Rate per 1,000 estimated resident population:	13.1		
Corrected Birth Rate	...	...	14.9

		Total	M	F
Still Births	- Legitimate	2	2	-
do.	Illegitimate	-	-	-
Still Birth rate per 1,000 (live and still) births:13.6				

DEATHS

Males - 65.	Females - 68.	Total	...	133
Crude Death Rate per 1,000 of estimated resident population				12.0
Corrected Death Rate	...	...	...	9.2
The chief causes of death in order of frequency were:-				
(i)	Diseases of the heart & circulatory system			69
(ii)	Cancer			25
(iii)	Diseases of Respiratory system		...	13

The above 3 causes accounted for 107 or 80.5% of the total deaths recorded during the year.

Deaths from Pregnancy, Childbirth, Abortion Nil

Number of Deaths of Infants under one year of age:-

	Male	Female	Total
Legitimate	3	-	3
Illegitimate	-	-	-

Death Rate of Infants under 1 year of age:

All infants per 1,000 live births	...	20.6
Legitimate infants per 1,000 legitimate live births:		20.1
Illegitimate infants per 1,000 illegitimate live births:		Nil

Net deaths from causes at various ages under one year									
	Under 1 wk.	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	1 - 3 months	3 - 6 months	6 - 9 months	9- 12 months	Total deaths under one year
Hypothermia Neonatorum	1	1	1	1	1	1	1	1	1
Internal Hydrocephalus	1	1	1	1	1	1	1	1	1
Prematurity	1	1	1	1	1	1	1	1	1

COMPARATIVE STATISTICS, 1955

	England & Wales	West Sussex Urban	West Sussex Rural	Southwick U.D.
Birth Rate	15.0	11.7	15.2	13.1
Death Rate	11.7	15.4	11.6	12.0
Infantile Death Rate	24.9	23.6	19.7	20.6
Pulmonary T.B. Death Rate ..	0.13	0.11	0.09	.09
Cancer Death Rate	2.1	2.7	2.1	2.3
Maternal Mortality Rate per 1,000 births	0.64	Nil	0.37	Nil

CAUSES OF DEATH IN SOUTHWICK URBAN DISTRICT

				<u>Males</u>	<u>Females</u>
1.	Tuberculosis, respiratory	..	..	1	-
2.	Tuberculosis, other	..	..	-	-
3.	Syphilitic Disease	..	..	1	-
4.	Diphtheria	..	..	-	-
5.	Whooping Cough	..	..	-	-
6.	Meningococcal Infections	..	..	-	-
7.	Acute Poliomyelitis	..	..	-	-
8.	Measles	..	..	-	-
9.	Other infective and parasitic diseases			-	-
10.	Malignant neoplasm, stomach	..		1	1
11.	Malignant neoplasm, lung, bronchus			5	-
12.	Malignant neoplasm, breast	..		-	3
13.	Malignant neoplasm, uterus	..		-	1
14.	Other malignant & lymphatic neoplasms			7	7
15.	Leukaemia, aleukaemia	..	..	-	1
16.	Diabetes	..	..	-	-
17.	Vascular lesions of nervous system			8	12
18.	Coronary disease, angina	..	..	9	8
19.	Hypertension with heart disease	..	..	2	4
20.	Other heart disease	..	..	12	8
21.	Other circulatory disease	..	..	4	2
22.	Influenza	..	..	-	-
23.	Pneumonia	..	..	4	1
24.	Bronchitis	..		4	3
25.	Other diseases of respiratory system			-	1
26.	Ulcer of stomach and duodenum	..		-	-
27.	Gastritis, enteritis and diarrhoea			1	1
28.	Nephritis and nephrosis	..	..	-	-
29.	Hyperplasia of prostate	..	..	1	-
30.	Pregnancy, childbirth and abortion			-	-
31.	Congenital malformations	..	..	1	1
32.	Other defined and ill-defined diseases			2	9
33.	Motor vehicle accidents	..	..	-	-
34.	All other accidents	..	..	1	2
35.	Suicide	..	..	1	3
36.	Homicide and operations of war	..		-	-
<u>ALL CAUSES:</u>				65	68
				=====	=====

Section II

PREVALENCE AND CONTROL OF DISEASES

The following infectious diseases are notifiable to the Medical Officer of Health:

Cholera	Plague
Diphtheria	Pneumonia (Primary or
Dysentery	Influenzal)
Encephalitis (Acute)	Poliomyelitis (Acute)
Enteric (Typhoid or	Puerperal Pyrexia
Paratyphoid) Fever	Relapsing Fever
Erysipelas	Scarlet Fever
Malaria	Smallpox
Measles	Tuberculosis (All Forms)
Meningococcal Infection	Typhus
Ophthalmia Neonatorum	Whooping Cough
Food Poisoning or Suspected Food Poisoning	

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TUBERCULOSIS - NEW CASES AND MORTALITY, 1955.

Age Periods			Pulmonary		Non-Pulm.		Pulmonary	
			M	F	M	F	M	F
Under 1 yr.	N	-	-	-	-	-	-	-
1 - 4 ..	E	-	-	-	-	-	-	-
5 - 14 ..	W	-	5	-	1	D	-	-
15 - 24 ..		1	1	-	-	E	-	-
25 - 34 ..	C	1	-	-	-	A	-	-
35 - 44 ..	A	-	-	-	-	T	-	-
45 - 54 ..	S	-	-	-	-	H	-	-
55 - 64 ..	E	-	-	-	-	S	1	-
65 & over	S	1	-	-	-		-	-
TOTALS			3	6	-	1	1	-

There were no deaths from Non-Pulmonary T.B.

CASES ON REGISTER AT 31st DECEMBER 1955

Pulmonary	M. 41	F. 28	69	= Total
Non-Pulmonary	M. 8	F. 6	14	
Totals	49	34	83	

ANALYSIS OF RESULTS OF SURVEY CARRIED OUT AT SHOREHAM

	<u>Male</u>	<u>Female</u>	<u>Total</u>
No. of Persons X-rayed	1539	948	2,487
No. recalled for large films ..	97	84	181
No. found to have abnormal films	62	50	112

Analysis of Abnormal large films:

Active Pulmonary Tuberculosis . . .	4	4	8
Inactive Pulmonary Tuberculosis . .	21	18	39
Malignant disease (Cancer)	2	-	2
Other Diseases of lung or pleura .	23	13	36
Cardio-Vascular Diseases	5	11	16

NO. (per 1,000 persons x-rayed) with
Active Pulmonary Tuberculosis:

3.2

+ I am indebted to Dr. B. G. Rigden, Director of the East Sussex Mass Radiography Unit, for the above figures.

TUBERCULOSIS AND LUNG CANCER

During July, 1955 the East Sussex Mass X-ray Unit visited Shoreham and operated for 11 days at St. Wilfreds, (see table above). The areas from which these people came were mainly Shoreham, Southwick and Lancing, but the service had no territorial restriction. 2,487 people were x-rayed; 8 of these were found to have active Pulmonary Tuberculosis, and 2 to have lung cancer. This gave a figure of 3.2 persons per 1,000 x-rayed with active pulmonary T.B., and .8 per 1,000 with lung cancer.

In Shoreham and Southwick there are approximately 18,000 people over the age of 15. If the figures I have quoted are representative, there may be 58 persons in those districts with undetected Pulmonary T.B. and 15 with lung cancer.

Tuberculosis and lung cancer are two entirely different diseases; T.B. is an infectious disease caused by a known agent, the tubercule bacillus, and spread from person to person by inhalation of these bacilli, which are coughed up in large quantities by certain infected persons.

Lung cancer is a new growth of cells growing from normal cells in the lungs. The exact cause of this is still obscure, but a definite relationship has been established between lung cancer and cigarette smoking on

one hand, and atmospheric pollution on the other. It seems that the parts played by cigarette smoking and atmospheric pollution are about equal.

What is being done to combat these two very serious diseases? The fight against Tuberculosis shows more prospect of better results in the immediate future, as we are armed with the knowledge of how to prevent this disease, even if our results up to now have not been very successful. Our main lines of attack are:-

1. Energetic treatment of all known cases. This is being done very successfully, with the new drugs at our disposal, and improved techniques of thoracic surgery.

2. Early detection of cases, and isolation of infectious cases. Early detection has been assisted by Mass X-ray; unfortunately, the application of this is limited. To be really effective, all the adults and adolescents in the country would have to be x-rayed every 6 months. This is clearly impossible. It might well be that better results would be obtained if each x-ray department in general hospitals was equipped with a miniature camera to which large numbers of "doubtful" cases could be referred by General Practitioners. Why is this not done? Largely, a shortage of £.s.d. Even if this was possible, we would have no powers to see that it was used, but could only rely on the public-spiritedness and common sense of the public.

I feel that much more use could be made of skin-testing as a diagnostic aid. If all children were skin-tested from the age of 6 months, and the families of all strong reactors investigated, as many cases would be brought to light as by mass x-ray. This is not at present being done because we have no suitable administrative set up.

B.C.G. vaccination is now being offered to school leavers. It is estimated that this will cut down the incidence of Tuberculosis in these age groups by a half.

Our only hope of reducing the amount of lung cancer is by intensifying our efforts in the clean air campaign, and by advising smokers to give up their cigarette-smoking habits. To persuade habitually heavy smokers is a pretty hopeless task; even so, we should do our utmost to prevent the young from taking up the habit.

COLD INJURY IN THE NEWBORN

From time to time, apparently-new diseases come to light. Some of these diseases frequently turn out to be not "new", but conditions which have always existed under the name of a similar disease, until some particularly keen observer took note of their differences.

In mid-Sussex one of these "new" diseases has been recognized by Dr. Trevor Mann, Paediatrician to the Royal Alexandra Hospital for Sick Children, Brighton. This disease, which is called "Cold Injury in the Newborn", has undoubtedly been causing deaths among newborn babies which have hitherto been attributed to broncho-pneumonia. It is fairly clear now that this is a disease entirely in itself, and is caused by newborn babies becoming cold. This invariably takes place during a spell of cold weather, and a usual story is that the baby was in a room with a coal fire burning, and the fire went out during the night. The baby is found to be literally "cold", and if its temperature falls below 96deg.F. the process is usually irreversible and the baby dies.

The remedy for this is prevention. It is up to every mother to see that some form of heating is kept going at all times in the room containing her newborn baby, and the temperature should not be allowed to fall below 65deg.F. During the confinement the room temperature should be maintained at 70deg.F.

There is very little accurate information available as to the usual temperatures prevailing in rooms used for home confinements. With the aid of instruments kindly loaned by the South-Eastern Gas Board, I was able to make continuous recordings of temperatures in rooms taken at random, and the recordings were started as soon as the midwife was first called to the confinements, continuing for 24 hours or so.

A temperature of 70deg.F. was easily maintained, although this was during one of the coldest spells of weather we had had for years.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1955

	Total Cases	Under 1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65 and over	Cases ad- mitted to Hospital
Erysipelas	3	-	-	-	-	-	-	-	1	2	-
Food Poisoning†	2	-	-	-	1	-	-	1	-	-	-
Measles	248	6	39	59	139	3	1	1	-	-	-
Paralytic Poliomyelitis	1	-	-	-	-	1	-	-	-	-	1
Paratyphoid Fever	1	-	-	-	1	-	-	-	-	-	1
Pneumonia	9	-	-	-	2	1	-	1	4	1	-
Scarlet Fever	10	-	1	2	7	-	-	-	-	-	1
Whooping Cough	35	3	8	10	14	-	-	-	-	-	-
Totals	309	9	48	71	164	5	1	3	5	3	3

†These were of the salmonella typhi-murium type - the sources of infection were never discovered.

TABLE SHOWING VITAL STATISTICS - 1945 - 1955

YEAR	Est. Popu- lation	NO. OF		BIRTHS		Crude Birth Rate	NO. OF DEATHS		Crude Death Rate	Infant Death Rate		
		Legitimate M.	Legitimate F.	Illegitimate M.	Illegitimate F.		M.	F.			Total	
1945	9,134	68	75	143	7	5	12	47	62	109	11.9	58.0
1946	10,030	71	87	158	5	6	11	68	65	133	13.3	41.0
1947	10,380	103	90	193	5	9	14	64	56	120	11.6	53.0
1948	10,690	94	60	154	3	4	7	54	63	117	10.9	19.0
1949	10,650	69	62	131	6	4	10	67	67	134	12.6	43.0
1950	10,800	81	64	145	10	7	17	69	69	138	12.8	30.9
1951	10,690	71	67	138	4	1	5	65	69	134	12.5	6.9
1952	10,680	71	69	140	4	5	9	64	70	134	12.5	Nil
1953	10,830	56	71	127	4	1	5	56	64	120	11.9	15.1
1954	11,010	69	72	141	3	6	9	68	68	136	12.4	33.3
1955	11,100	71	70	141	2	2	4	65	68	133	12.0	20.6

Section III

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Hospitals

A comprehensive hospital and specialist service is provided by the Regional Hospital Board. Doctors can arrange whatever forms of treatment are needed for their patients in general or special hospitals, whether as in-patients or out-patients. Hospital accommodation of a private nature is available in certain circumstances, subject to appropriate charges. All types of cases are thus provided for - medical, surgical, maternity, infectious diseases, and those requiring sanatorium or mental hospital treatment.

Nursing

General District Nurses, Midwives, Health Visitors and School Nurses are employed by the West Sussex County Council to serve in the area. Lists showing names and addresses of these nurses may be seen at County Libraries, Town Halls, or Offices of local District Councils, and the Public Health Department, County Hall, Chichester.

Ambulance Service

Acting as agents for the County Council, the St. John Ambulance Brigade and British Red Cross Society operate the Ambulance and Hospital Car Service in the County. Calls for an ambulance are made through the doctor or nurse in attendance on the case, or through the Police or public in case of accidents or other emergencies.

Laboratory Service

The Public Health Laboratory at the Royal Sussex County Hospital, Eastern Road, Brighton 7 carries out all public health work for the Council, including examinations of water, milk and ice-creams, ear, nose and throat swabs, specimens of excreta and bacteriological examination of food.

General Medical and Dental Services

Local arrangements for these services are organized through the National Health Service Executive Council for West Sussex, 175 Broyle Road, Chichester.

Diphtheria Immunisation

Diphtheria Immunisation has again been carried out during the year by the County Council, and no cases have been notified. At the end of the year the position was as follows:-

Total number of children immunised:

Under 5 years of age	...	...	...	139
5 - 14 years of age		...	...	86
Who received a third reinforcing dose			...	345

Public Health Act, 1936 - Section 172

No action has had to be taken by the Council under this Section, which gives power to Sanitary Authorities to apply in special cases for a Magistrate's Order for the removal of tubercular persons to an Institution for isolation.

Public Health (Prevention of Tuberculosis) Regulation, 1925.

It has not been necessary to serve any notice under these Regulations, which prevent persons suffering from Tuberculosis taking part in the production of Milk.

National Assistance Act, 1948 - Section 47

It was necessary to take action under this Section in two cases.

The first occasion was in respect of an elderly gentleman who was living alone in a small terrace house. He had for some time managed with the assistance of home-helps provided by the West Sussex County Council; friends and neighbours had also done what they could to help. Conditions deteriorated until home-helps would not go into the house, and the friends found they could not stand the conditions. He was offered a place in a W.S.C.C. Old Peoples Home, but refused it. Application was made to the Magistrates Court for an order to remove

him, but this was not granted. Conditions in the house deteriorated even further, and application was again made to the Court for a removal order, which was granted.

He was taken to an old peoples home, where he quickly settled down very happily, and now has no wish to move out again.

The second case was that of an elderly lady living alone in what had been a pleasant small, detached house. She was by nature a recluse, and had had all the windows boarded up; she got about and did her shopping, becoming a well-known character about the town. In the Autumn of 1955 the water pipes in her kitchen burst, and as she failed to have them mended, the Water Corporation cut off the supply. The Council applied to the Magistrates Court for a nuisance order requiring her to have certain work carried out, and this was issued. As the nuisance was not abated within the specified time the Council decided to gain entry and do the work in default. Having obtained entry, it was clear that the house was in such an insanitary state that it was totally unfit for anyone to continue to live there, and the person was obviously incapable of looking after herself. Action was taken under the National Assistance Amendment Act, 1951 and she was removed to the W.S.C.C. Home at East Preston; at the end of the authorized detention period of 3 weeks, a further application was made, under Section 47, and an order was granted for a further 3 months detention.

Subsequently this lady was certified, and was removed to a mental hospital.

CLINICS AND TREATMENT CENTRES

Unless otherwise stated, all clinics are held at the following address:-

Health Centre, Middle Road, Shoreham. Telephone: 2874

Infant Welfare

Tuesdays and Thursdays, 2.0 - 4.0p.m.
Social Club, The Twitten, Southwick.

Ante-Natal

Fortnightly - Friday, 2.30 - 4.0p.m.
Community Centre, Southwick Street, Southwick.

Family Planning

2nd Friday in the month, 2.30 - 4.0p.m.

Orthopaedic

By appointment. Health Centre, Irene Avenue,
Lancing (Tel: Lancing 3128)

Eye

Friday morning - by appointment.

Dental

By appointment.

Speech Therapy

By appointment.

The following Clinics are administered by the Regional
Hospital Board:-

Tuberculosis

Wednesday - by appointment.
Southlands Hospital, Shoreham-by-Sea.

Venereal Disease - Worthing Hospital, Worthing.

<u>Males:</u>	Wednesday	Friday
	5.30 - 6.30p.m.	4.30 - 5.30p.m.

<u>Females:</u>	Wednesday	Friday
	3.0 - 5.0p.m.	2.0 - 4.0p.m.

Section IV

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

There is an abundant supply of pure water from the Brighton Corporation. The supply is constant and all the houses in the area are served direct. The water is not liable to have plumbo-solvent action. Two water samples were collected during the year and the results obtained were satisfactory.

Extensions of public water supplies during the year:-

Location	Length (yds.)	Diameter (Ins.)
Old Shoreham Road	152	3
Off Roman Road	72	3
Greenleaves Estate - Off Upper Kingston Lane	177 723	3 4)
Phoenix Crescent	57	3

Drainage and Sewerage

New Schemes

A new syphon has been constructed under the river and shafts sunk on each side of the latter. This work is nearly completed.

A new penstock chamber and pump-house have been erected adjoining the present penstock house in Albion Street, and pumping plant etc. is now being installed.

It is anticipated that the construction of a new sea outfall will shortly be commenced.

Tenders are being invited for the construction of a connecting pipe from the Shoreham Urban District Council's storage tank, east of Dolphin Road, to the Board's new penstock chamber, to enable all the Shoreham sewage to discharge into the new sea outfall.

Shops Act, 1950

Number of Shops in district	..	..	..	161
" " Inspections made	..	..	..	217
" " Contraventions found	..	..	..	2
" " " remedied	..	..	..	2

Smoke Abatement

Number of observations made	..	..	..	28
" " notices served	..	..	..	Nil

Verminous Premises

(1) Council Houses

(a) Found to be infested with bed bugs	..	..	..	2
(b) Number disinfested	..	..	..	2

(2) Other Houses

(a) Found to be infested with bed bugs	..	..	..	3
(b) Number disinfested	..	..	..	3

Infested houses are treated with sulphur dioxide and gemmexane smoke, or sprayed with Roxem, according to the circumstances.

Moveable Dwellings

There is one caravan site in the district, in which the estimated maximum number of persons resident during the summer season is 120. 12 inspections were made.

No licences were issued under Section 269 of the Public Health Act, 1936 during the year.

Rag Flock and Other Filling Materials Act, 1951

No. of premises registered under this Act:	..	..	..	2
Number of inspections made	..	..	..	11

Schools

Number of schools in the district	..	..	..	5
Number with public water supply	..	..	..	5
Number with water closets:				
Separate pedestal	..	..	..	5

Prevention of Damage by Pests Act, 1949

The method employed in the destruction of rodents in the district is that recommended by the Ministry of Food, the P.3 trap together with poison bait, and a part-time rodent operator is employed. A free service is given in respect of private dwelling houses.

The Council's refuse tip was sprayed with gammexane at regular intervals during the year, to control crickets and flies. Arrangements were also made with the Surveyor for the refuse collection vehicles to be sprayed with insecticide whilst loading was in operation.

Factories Acts, 1937 & 1948

Number of premises registered as factories:-

(a)	With mechanical power	..	..	33
	No. of inspections	..	..	94
(b)	Without mechanical power	..	..	15
	No. of inspections	..	..	37
(c)	Other premises	..	..	2
	No. of inspections	..	..	5

DEFECTS found as a result of inspections: Nil

There are 31 outworkers in the district.

Summary of Sanitary Works and Improvements

No. of inspections in regard to Infectious Disease:	73
Premises disinfected after infectious disease ..	15
No. of verminous premises disinfested	5
Nuisances found to exist	67
Nuisances abated	58
Number of ashbins provided	21
Total inspections for all purposes	2293
Informal notices served	97
Statutory notices served	2
Number of summonses issued	1
Number of convictions obtained	1
Complaints received	67
Complaints found justified and dealt with ..	58

Section V

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

No. of Milk Distributors registered	.. ..	15
No. of licences granted by the Sanitary Authority:		
(a) to pasteurise milk	.. ..	1
(b) to retail milk using the designation:		
(i) Tuberculin Tested	.. ..	6
(ii) Pasteurised	.. ..	11
(iii) Sterilised	.. ..
No. of inspections of Milkshops	.. ..	97
No. of contraventions found	.. ..	Nil

Samples taken during the year:-

(a) pasteurised milk	ing	122
no. failing to comply with standard	.. ..	103
(b) Tuberculin Tested milk	.. ..	7
no. failing to comply with standard	.. ..	Nil

Meat and Other Foods

No. of visits to grocers and greengrocers shops: 217

15 lbs. of loose, and 92 tins of preserved food were found to be unfit for human consumption, and were accordingly condemned.

No. of visits to butchers shops 84

174 lbs. of beef, 20 lbs. of liver and 15 lbs. of pork were found to be unfit for human consumption, and were accordingly condemned.

Slaughterhouse. The following were condemned as being unfit for human consumption:-

1 Pig's carcase	7 Bovine lungs (pairs)
1 " kidney	8 " livers
2 " livers	4 " hearts
5 " heads and tongues	1 " head and tongue
2 " hearts	2 Sheep carcase
14 " lungs (pairs)	1 Calf
	1 Calf fore end.

Section VI

HOUSING

New Building

During the year 75 houses were erected by the Local Authority, and 55 houses by Private Enterprise.

1. Inspection of Dwelling houses during the year.

- | | | |
|---------|--|-----|
| (1) (a) | Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) | 390 |
| (b) | No. of inspections made for the purpose | 850 |
| (2) (a) | Number of dwelling houses (included under sub-heading (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932 | 67 |
| (b) | No. of inspections made for the purpose | 124 |
| (3) | No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 49 |
| (4) | Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation | 67 |

2. Remedying of defects without Service of Formal Notices

No. of defective dwelling houses in which defects were remedied in consequence of informal action ..	53
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3. Action Under Statutory Power during the Year.

B. Proceedings under Public Health Acts:	1
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